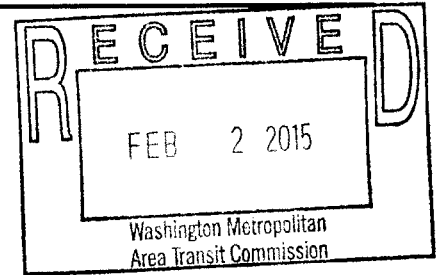


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

196	Schrock Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
629 Main Street, #6		Berlin	PA	15530-7118
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(814) 267-3566		(814) 267-5818	linda@schrocktravel.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

301225			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Linda Johnson	Admin. Asst.
*Name	*Title
(814) 267-3566	(814) 267-5818 linda@schrocktravel.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

United Motorcoach Association	(703) 838-2929	www.uma.org		
Name of Registered Agent for Service of Process	Telephone	E-mail		
113 South West Street, 4th Floor		Alexandria	VA	22314-2824
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
205	2006	PREVOST	2PCX3349161028810 ✓	BN02568	PA	55	No
305	2007	PREVOST	2PCG3349371729141 ✓	BN02571	PA	55	No
405	2001	PREVOST	2PCX3349311027361 ✓	BN01164	PA	55	YES
2006	1998	PREVOST	2PCL33497W1026347 ✓	BN01877	PA	55	No
505	2008	MCI	1MB6DMEA2BP057957 ✓	BN02100	PA	55	No
605	2008	MCI	1MB6PMHA5BP058337 ✓	BN02569	PA	55	No
705	2008	MCI	1MB6DMEA2BP058414 ✓	BN02583	PA	55	No
805	2008	MCI	1MB6DMHA5BP058340 ✓	BN02584	PA	55	No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

LARRY R SCHROCK

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)

Larry R Schrock

*Signature

JANUARY 15, 2015

*Date